1998 MONTANA SMALL BUSINESS CORPORATION TAX RETURN

MONTANA Form CLT-4S Rev. 8/98

Check if Applicable:	FEIN:Federal Business Code:	
Initial Return Address Address	Incorporated in State of:	
Multistate City State Zip + 4	Date:	
Reporting Method: Cash Other (please specify)	in Montana:	
Ordinary income (loss) from trade or business activities (FORM 1120S, page 1, line 21) Net income (loss) from rental real estate activities (a) Gross income from other rental activities	1 2	
Net income (loss) from other rental activities. (subtract line 3b from line 3a)	3	
4. Portfolio income (loss):		
(a) Interest income	-	
(c) Royalty income		
(d) Net short-term capital gain/(loss) (attach Federal Schedule D)		
(e)Net long-term capital gain/(loss) (attach Federal Schedule D)	_	
(f) Other portfolio income		
Total Portfolio Income	. 4	
5. Net gain (loss) under section 1231 (other than due to casualty or theft) (attach Form 4797)	. 5	
6. Other income	6	
7. Total lines 1 through 6		
8. Charitable contributions (attach schedule)	. 8	
9. Section 179 expense deduction (attach Form 4562)	. 9	
10. Deductions related to portfolio income/(loss) (you must itemize)	. 10	
11. Other deductions (attach schedule).	. 11 .	
12. Total lines 8 through 11.	. 12	
13. Add: (a) Taxes bases on income or profits	_	
(b) Federal tax exempt interest	_	
(c) Other additions (ATTACH DETAILED BREAKDOWN)		
Total Montana Additions to Income	. 13	
14. LESS: Montana Reductions (ATTACH DETAILED BREAKDOWN).	. 14	
15. Income taxable to shareholders (line 7 - line 12 + line 13 - line 14)		
16. Multistate Taxpayers: line 15 X% from Schedule K, line 5	. 16	
17. Multistate Taxpayers: income allocated directly to Montana	.[17]	

For years beginning after December 31, 1996 there is no longer a \$10 fee for filing the Montana CLT-4S

Check here, if you DO NOT need the Montana Small Business Corporation Tax Return and Instructions sent to you next year.

ATTACH REMITTANCE PAYABLE TO DEPARTMENT OF REVENUE

A COPY OF YOUR FEDERAL FORM 1120S MUST BE ATTACHED

Form CLT-4S (1998) Schedule K	FEIN Apportionment Factor	: s for Multistate Taxpayers	Page 2
	A. EVERYWHERE		C. FACTOR
1. Property Factor:	-44		(B divided by A = C)
	ALIBOURE CONTRACTOR OF THE CON		
			······································
		ı	
	es		
		1	
Rents X 8 TOTAL Pr	operty		9
2 Payroll Eactor:	fficers		
	3		
Payroll included in	1		
Other deductions			
TOTALF	ayron		0
Sales (Gross Receipts) Gross sales, less re	Factor: eturns		
TOTAL Sa	ales · · · · · · · ·		9
4. Sum of Factors (add lines 5. APPORTIONMENT FAC	31,2, and 3) TOR (1/3 of line 4; if less than 3	3 factors exist, see instructions)	9
	See Page 1 of Instructions):		
	NAME	soci	AL SECURITY #
1.	2		
2.			70 X 10 X
3.			
4.			
5.			
6.			
7.			
8.	1 1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
9.			
The return must be signed by officer.	DECL one of the following: president, v	ARATION ice-president, treasurer, assistant tr	reasurer, or chief accounting
		n is made, hereby declare that this r d belief, a true, correct and complet n License Tax law and Regulation.	eturn; including all accompanying e return, made in good faith for
Signature of officer	Date	Name of person or firm preparing	g return Date
Title T	elephone number	Address and Zip Code	Telephone numbe